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Bob Thompson, Chairman | Margaret A. Murray, Chief Executive Officer

November 6, 2012

Tara Oakman
Center for Consumer Information & Insurance Oversight
Centers for Medicare & Medicaid Services
Department of Health and Human Services

Dear Dr. Oakman:

The Association for Community Affiliated Plans (ACAP) thanks you for providing us with an opportunity to discuss with you and your colleagues our views on accreditation for qualified health plans in the Exchanges, quality reporting, and consumer satisfaction.

ACAP is an association of 58 not-for-profit and community-based Safety Net Health Plans (SNHPs) located in 25 states.¹ Our member plans provide coverage to approximately 10 million individuals enrolled in Medicaid, the Children's Health Insurance Program (CHIP) and Medicare Special Needs Plans for dually-eligible people. Nationally, ACAP plans serve roughly one-third of all Medicaid managed care enrollees. Many Safety Net Health Plans currently are developing plans to serve those individuals that will gain new coverage due to insurance expansions enacted by the Affordable Care Act; we thank the Centers for Medicare and Medicaid Services (CMS) for viewing these plans as full partners in meeting the coverage needs of our nation's low-income health care consumers – whether they are eligible for Medicaid, CHIP, coverage in health state-based health insurance Exchanges, or other health care programs.

Last month, at ACAP's fall meeting, ACAP staff asked our Board questions that you had raised with us this fall. As a result of our discussion, the Board agreed to the following recommendations related to quality reporting and consumer satisfaction surveys in the Exchange. We appreciate your willingness to consider these recommendations.

ACAP Safety Net Health Plans recommend that CCIIO:

1. **Use existing NCQA quality domains.**
2. **Use HEDIS measures common to commercial and Medicaid health plans for quality reporting. If CCIIO is unable to adopt this recommendation, we suggest that CCIIO use the HEDIS measures currently in use for commercial health plans.**
3. **Exclude reporting for new health plan entrants in the Exchange until year three of plans' participation. This requirement would mirror timelines in existing federal**

¹ ACAP represents Safety Net Health Plans that are nonprofit or owned by a nonprofit entity; hold a Medicaid contract; are local and community-affiliated; and have at least 51 percent of covered populations in Medicaid, Medicare, CHIP, the Basic Health Program or another public coverage program, or in receipt of premium tax credits for coverage in a qualified health program in the Exchange.



rules for qualified health plans to achieve full Exchange accreditation.

4. **Avoid public reporting of HEDIS scores for qualified health plans in the Exchange that are not specifically related to serving Exchange enrollees. Utilizing HEDIS scores that are based on other populations may be more reflective of the population being served than the quality of a health plan.**
5. **Risk adjust publicly reported quality measures so that qualified health plans serving a disproportionately large population of high-risk, lower-income individuals are fairly represented.**
6. **Utilize CAHPS, following current NCQA or AHRQ standards for vendor certification. ACAP also supports deploying the CAHPS survey in languages in addition to English and Spanish, to capture a larger proportion of the covered population.**

Conclusion

Again, ACAP would like to thank you and your colleagues for your willingness to discuss these issues with us. If you have any additional questions or comments, please do not hesitate to contact Debbie Kilstein (202-341-4101 or dkilstein@communityplans.net) or Jennifer Babcock (202-204-7518 or jbabcock@communityplans.net).

Sincerely,

Margaret A. Murray
Chief Executive Officer